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FEDERAL SENATE

Recommendation No. 84 of 2025

It suggests that the Ministry of Education revise the competency matrix for medical residency in Otolaryngology to include guidelines on the judicious indication of nasal surgeries and the risks associated with Empty Nose Syndrome.

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Senator Mara Gabrilli

INDICATION NTHE , OF 2025

It suggests to the Executive Branch, through the Ministry of Education, that it revise the competency matrix for medical residency in Otolaryngology to include guidelines on the judicious indication of nasal surgeries and the risks associated with Empty Nose Syndrome.

We suggest to the Federal Executive Branch, through Mr. The Minister of Education, pursuant to Article 224, item I, of the Internal Regulations of the Federal Senate (RISF), is requested to submit to the National Medical Residency Commission (CNRM) a proposal to promote studies aimed at evaluating the relevance of revising the competency matrix of the medical residency program in Otorhinolaryngology, in order to include clear guidelines on the indication, execution, and limits of surgical procedures on the nasal turbinates, with emphasis on the prevention of complications arising from these procedures.

JUSTIFICATION

This recommendation aims to draw the attention of the Executive Branch. This addresses a matter of growing relevance in public health and specialized medical training: complications arising from nasal turbinate surgery. Although not currently recognized as a disease in the International Classification of Diseases (ICD), these complications have been grouped together by...doctors such as Monika Stenkvist and Eugene Kernunder the expression Empty Nose Syndrome (ENS). It is a rare complication, but

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devastating, which can result from nasal surgeries, especially those involving partial or total removal of the nasal turbinates (turbinectomy).

The nasal turbinates are fundamental structures for physiology. Respiratory glands, responsible for warming, humidifying, filtering, and regulating the flow of inhaled air. Their excessive removal can lead to a paradoxical situation in which the patient, despite having a physically unobstructed airway, experiences a distressing sensation of suffocation, extreme nasal dryness, pain, and sleep disturbances, with a profound impact on mental health and quality of life. The fact that nasal congestion (NCS) does not have a code in the ICD hinders its formal recognition, diagnosis, and access to treatment.

Recently, in a public hearing at the Human Rights Commission During a meeting of the Human Rights and Participatory Legislation Committee of the Federal Senate (CDH), held on November 5, 2025, specialists and patients highlighted the iatrogenic nature of the syndrome, that is, its origin in inadequate medical procedures. Dr. Márcio Nakanishi, representative of the Brazilian Association of Otorhinolaryngology and Cervicofacial Surgery, warned that turbinate surgery should not be trivialized and that prevention is the fundamental pillar to avoid this condition. In his words: "we have learned to indicate surgery in three months, to perform it in three years, and to know when not to do it, in thirty years. This wisdom is what can prevent the suffering of so many patients."

Improving medical training is the main tool.
For the prevention of SNV. The National Medical Residency Commission (CNRM), established by Law No. 6,932 of July 7, 1981, and regulated by Decree No. 11,999 of April 17, 2024, is the collegiate body of a consultative and deliberative nature linked to the Ministry of Education (MEC), with the competence to "regulate, supervise and evaluate medical residency programs" and "approve resolutions, competency matrices, opinions and technical notes" (Article 4, items I and XVIII). The intersectoral composition of the CNRM, with representatives from the Ministries of Education and Health, the Federal Council of Medicine (CFM), health management councils and medical entities, makes it the ideal forum to deliberate on this matter, which involves both educational and public health aspects.

International guidelines, such as those of*American Academy of Otolaryngology-Head and Neck Surgery*(The American Academy of Ophthalmology and Hematology (AAO-HNS) guidelines state that turbinate surgery should only be indicated after the failure of conservative clinical treatment for at least three months, which may include nasal corticosteroids, antihistamines, and treatment of underlying conditions such as rhinitis.

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allergic. Furthermore, the scientific literature advocates the use of surgical techniques that preserve the mucosa and turbinate structure as much as possible, avoiding radical resections that increase the risk of serious complications.

As pointed out by CFM representatives in the aforementioned Despite a Senate hearing, SNV is still little known and recognized, even among otolaryngology specialists. This knowledge gap reinforces the need for the training of future otolaryngologists to explicitly and thoroughly include instruction on nasal physiology, the judicious indications for surgical procedures, and, fundamentally, the risks of serious complications from these procedures.

In this context, the inclusion ofclear guidelines regarding the indication, The execution and limitations of surgical procedures on the nasal turbinates.The inclusion of a competency matrix for medical residency in Otolaryngology represents not only a technical advancement, but also the strengthening of patient safety and the principles of ethical, evidence-based medical practice. This is a preventative measure, aligned with international best practices and concerns expressed by specialists and civil society, which can prevent suffering for countless patients and their families.

Session Room,

Senator MARA GABRILLI

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